

ID: _____	
Date: _____	
<b>Medical service:</b>	<b>Specialty:</b>
<input type="checkbox"/> Public	<input type="checkbox"/> Allergologist
<input type="checkbox"/> Private	<input type="checkbox"/> Dermatologist
	<input type="checkbox"/> Internist
	<input type="checkbox"/> General Practitioner
	<input type="checkbox"/> Other: _____

Dear patient,

We are conducting a study to investigate the use of text messaging, social media websites (e.g. Facebook) and email among patients with chronic urticaria. Depending on the results, we may be able to use one or more of these methods to improve patient care. Please help us by completing this brief survey. All the information provided by you will remain confidential and anonymous. Your participation is completely voluntary, and this will not affect your medical care in any way. Thank you!

Please, answer all the following questions. If you prefer not to answer a question, feel free to leave it in blank.

**1. What is your birth date?**

Month		Day		Year			

**2. What is your gender?**

☐ Male

☐ Female

**3. What is your current employment status?**

- ☐ Employed  
☐ Self-employed  
☐ Unemployed  
☐ Retired

- ☐ Student  
☐ Homemaker  
☐ Disabled

**4. In which area do you live?**

☐ Rural

☐ Urban

**5. What is your marital status?**

- ☐ Single  
☐ Married or domestic Partnership

- ☐ Divorced or Separated  
☐ Widowed

**6. What is the highest level of education you have received?**

- ☐ No schooling ☐ Undergraduate/college  
☐ Primary / middle school ☐ Postgraduate studies  
☐ Secondary / high school

**7. How long ago did your chronic urticaria symptoms first started? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)**

**8. How long ago were you initially diagnosed with chronic urticaria by a physician? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)**

**9. What type (s) of urticaria has been diagnosed?**

- ☐ Chronic spontaneous urticaria (CSU)  
☐ Chronic inducible urticaria (CIndU)  
☐ Both (chronic spontaneous urticaria and chronic inducible urticaria (CSU+CIndU))

**10. Is your chronic urticaria currently under treatment? Select the type of treatment you are receiving.**

	Yes	No	Dose
<b>1<sup>st</sup> Gen. Antihistamines</b> (e.g: hydroxyzine (Vistaril), diphenhydramine (Benadryl), chlorpheniramine (Chlor Trimento)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Usual dose <input type="checkbox"/> Higher than usual
<b>2<sup>nd</sup> Gen. Antihistamines</b> (e.g: fexofenadine (Allegra), cetirizine (Zyrtec), loratadine (Claritine), levocetirizine (Xyzal), desloratadine (Clarinex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Usual dose <input type="checkbox"/> Higher than usual
<b>Omalizumab</b> (Xolair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg
<b>Oral Corticosteroids</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Topical Corticosteroids</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other (please describe)</b>	<input type="checkbox"/>	<input type="checkbox"/>	

**11. Do you have a cellphone?**

- ☐ Yes ☐ No

**12. Is your cellphone a smartphone?** (e.g. iPhone, android, etc: A mobile phone that performs many of the functions of a computer, typically having a touchscreen interface, Internet access, and a operating system capable of running downloaded apps)

- ☐ Yes ☐ No

**13. Do you have access to the internet in general (using computer, laptop, tablet or cellphone)?**

☐ Yes

☐ No

**If you answered “Yes” to question 11 or 13, please also answer the following questions:**

**14. How often do you use each of the following? Mark one for each row.**

	Never	Less than once a month	At least once a month	At least once a week	Every day
Text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web browsers (Google Chrome, Mozilla, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blog or Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. If you answered *every day* on the previous question. How many hours a day do you spend on information and communication technologies? Mark only one option for each row

	<3 hours a day	3 – 5 hours a day	> 5 hours a day
Text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web browsers (Google Chrome, Mozilla, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blog or Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Have you used any of the following types of media to obtain information on your health and medical problems, or specifically to obtain information about urticaria? Mark one option for each item.

16.A General Health Information			16.B Information regarding urticaria		
	Yes	No		Yes	No
Text messages	<input type="checkbox"/>	<input type="checkbox"/>	Text messages	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	Twitter	<input type="checkbox"/>	<input type="checkbox"/>
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	Email	<input type="checkbox"/>	<input type="checkbox"/>
Web browsers (Google Chrome, Mozilla, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Web browsers (Google Chrome, Mozilla, etc)	<input type="checkbox"/>	<input type="checkbox"/>
WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>	WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	YouTube	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	Instagram	<input type="checkbox"/>	<input type="checkbox"/>
Skype	<input type="checkbox"/>	<input type="checkbox"/>	Skype	<input type="checkbox"/>	<input type="checkbox"/>
Blog or Forum	<input type="checkbox"/>	<input type="checkbox"/>	Blog or Forum	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

17. If you answered YES for any of the types of media in question 16, how do you rate the quality of information you obtained?

17.A General Health Information

	Not interesting not helpful Very low quality	Slightly interesting, somewhat helpful, Low quality	Moderately interesting and helpful, Medium quality	Very interesting and helpful, Good quality	Extremely interesting and helpful, very good quality
Text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web browsers (Google Chrome, Mozilla, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blog or Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 17.B Information regarding urticaria

	Not interesting not helpful Very low quality	Slightly interesting, somewhat helpful, Low quality	Moderately interesting and helpful, Medium quality	Very interesting and helpful, Good quality	Extremely interesting and helpful, very good quality
Text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web browsers (Google Chrome, Mozilla, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blog or Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How interested would you be in receiving information about chronic urticaria (things that might affect it or might help improve it (eg. weather, food, medication reminders, chronic urticaria tips, treatment options) through the following types of electronic media? Mark one box for each type listed.

	Not interested	Slightly interested	Moderately interested	Very interested	Extremely interested
Text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web browsers (Google Chrome, Mozilla, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blog or Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered ‘Not interested at all’ or ‘Very or Extremely interested’ for any of the types above, please tell us why and/or how you think this media could help you and why it would appeal to you as a way to get information?

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19. How interested would you be in being able to ask questions to your doctor or another health care provider about chronic urticaria using any of the following electronic media types? Mark one for each row.

	Not interested	Slightly interested	Moderately interested	Very interested	Extremely interested
Text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web browsers (Google Chrome, Mozilla, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blog or Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How interested would you be in being able to communicate with other urticaria patients using any of the following electronic media types? Mark one for each row.

	Not interested	Slightly interested	Moderately interested	Very interested	Extremely interested
Text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web browsers (Google Chrome, Mozilla, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blog or Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Do you believe information and communication technologies could reduce your need to see a doctor?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	Disagree	Undecided	Agree	Strongly agree

22. Would you be interested in an electronic App to keep track of the **disease activity** of your urticaria, asking you to score your signs and symptoms on a daily basis?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not interested	Slightly interested	Moderately interested	Very interested	Extremely interested

- 23.** Would you be interested in an electronic App that keeps track of the ***control*** of your urticaria asking you to answer 4 questions on a weekly or monthly basis?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not interested	Slightly interested	Moderately interested	Very interested	Extremely interested

**Thank you very much for filling out this survey!**

**Have a wonderful day!**